

**Political Organization  
Report of Contributions and Expenditures**

OMB No. 1545-1696

► See separate instructions.

**A For the period beginning** 01/01/2013 **and ending** 06/30/2013

**B Check applicable box:** ☒ Initial report ☐ Change of address ☐ Amended report ☐ Final report

**1 Name of organization** The Neuro-Spine Committee **Employer identification number** 27 - 4682880

**2 Mailing address (P.O. box or number, street, and room or suite number)**  
5928 Hixson Pike Suite A-142

**City or town, state, and ZIP code**  
Hixson, TN 37343

**3 E-mail address of organization:** NeuroSpineCommittee@gmail.com **4 Date organization was formed:** 01/28/2011

**5a Name of custodian of records** Robin Smith **5b Custodian's address**  
5928 Hixson Pike Suite A-142  
Hixson, TN 37343

**6a Name of contact person** Robin Smith **6b Contact person's address**  
5928 Hixson Pike Suite A-142  
Hixson, TN 37343

**7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number**  
5928 Hixson Pike Suite A-142

**City or town, state, and ZIP code**  
Hixson, TN 37343

**8 Type of report (check only one box)**

- |  |   |
|--|---|
| <input type="checkbox"/> First quarterly report<br>(due by April 15)                           | <input type="checkbox"/> Monthly report for the month of:<br>(due by the 20th day following the month shown above, except the<br>December report, which is due by January 31) |
| <input type="checkbox"/> Second quarterly report<br>(due by July 15)                           | <input type="checkbox"/> Pre-election report (due by the 12th or 15th day before the election)  |
| <input type="checkbox"/> Third quarterly report<br>(due by October 15)                         | (1) Type of election:   |
| <input type="checkbox"/> Year-end report<br>(due by January 31)                                | (2) Date of election:   |
| <input checked="" type="checkbox"/> Mid-year report (Non-election<br>year only-due by July 31) | (3) For the state of:   |
|  | <input type="checkbox"/> Post-general election report (due by the 30th day after general election)  |
|  | (1) Date of election:   |
|  | (2) For the state of:   |

**9 Total amount of reported contributions (total from all attached Schedules A).....9. \$ 47000**

**10 Total amount of reported expenditures (total from all attached Schedules B).....10. \$ 26698**

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

WENDEY GATEWOOD

07/10/2013

**Sign  
Here**



Signature of authorized official



Date

**Schedule A Itemized Contributions**

Schedule A

<b>Contributor's name, mailing address and ZIP code</b> TIMOTHY A. STRAIT MD 1010 EAST THIRD STREET CHATTANOOGA, TN 37403 -	<b>Name of contributor's employer</b> CHATTANOOGA NEURO SPINE AND SURGERY <b>Contributor's occupation</b> NEURO-SURGEON <b>Aggregate contributions year-to-date</b> \$ 2500	<b>Amount of contribution</b> \$ 2500 <b>Date of contribution</b> 01/28/2013
<b>Contributor's name, mailing address and ZIP code</b> DR. TIM BALLARD 2415 MCCALLIE AVE CHATTANOOGA, TN 37404 -	<b>Name of contributor's employer</b> CENTER FOR SPORTS MEDICINE <b>Contributor's occupation</b> ORTHOPEDIC SURGEON <b>Aggregate contributions year-to-date</b> \$ 1000	<b>Amount of contribution</b> \$ 1000 <b>Date of contribution</b> 04/01/2013
<b>Contributor's name, mailing address and ZIP code</b> SEMMES MURPHEY NEUROLOGICAL AND SPINE 6325 HUMPHREYS BLVD MEMPHIS, TN 38120 -	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 20000	<b>Amount of contribution</b> \$ 20000 <b>Date of contribution</b> 01/23/2013
<b>Contributor's name, mailing address and ZIP code</b> DR. P.M. WHITE MID 909 WOODSIDE DRIVE KNOXVILLE, TN 37919 -	<b>Name of contributor's employer</b> TENNESSEE ORTHOPEDIC CLINICS <b>Contributor's occupation</b> ORTHOPEDIC SURGEON <b>Aggregate contributions year-to-date</b> \$ 2500	<b>Amount of contribution</b> \$ 2500 <b>Date of contribution</b> 02/22/2013
<b>Contributor's name, mailing address and ZIP code</b> TN SOCIETY OF INTERVENTIONAL PAIN PHYSICIANS 2817 WEST END AVE 126 NASHVILLE, TN 37203 -	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 1000	<b>Amount of contribution</b> \$ 1000 <b>Date of contribution</b> 01/28/2013
<b>Contributor's name, mailing address and ZIP code</b> DR. JAMES E. JOLLEY 2415 MCCALLIE AVE CHATTANOOGA, TN 37404 -	<b>Name of contributor's employer</b> CENTER FOR SPORTS MEDICINE <b>Contributor's occupation</b> ORTHOPEDIC SURGEON <b>Aggregate contributions year-to-date</b> \$ 2000	<b>Amount of contribution</b> \$ 2000 <b>Date of contribution</b> 02/22/2013
<b>Contributor's name, mailing address and ZIP code</b> DR. SHAY RICHARDSON 2415 MCCALLIE AVE CHATTANOOGA, TN 37404 -	<b>Name of contributor's employer</b> CENTER FOR SPORTS MEDICINE <b>Contributor's occupation</b> ORTHOPEDIC SURGEON <b>Aggregate contributions year-to-date</b> \$ 1000	<b>Amount of contribution</b> \$ 1000 <b>Date of contribution</b> 03/19/2013
<b>Contributor's name, mailing address and ZIP code</b> TAILWINDS, LLC 5928 HIXSON PIKE HIXSON, TN 37343 -	<b>Name of contributor's employer</b> N/A <b>Contributor's occupation</b> N/A <b>Aggregate contributions year-to-date</b> \$ 2000	<b>Amount of contribution</b> \$ 2000 <b>Date of contribution</b> 04/26/2013
<b>Contributor's name, mailing address and ZIP code</b> JOSEPH S. EMERT 405 ELLIS AVE MARYVILLE, TN 37804 -	<b>Name of contributor's employer</b> MEDTRONIC SPINAL AND BIOLOGICS <b>Contributor's occupation</b> MEDICAL SALES <b>Aggregate contributions year-to-date</b> \$ 2000	<b>Amount of contribution</b> \$ 2000 <b>Date of contribution</b> 02/22/2013
<b>Contributor's name, mailing address and ZIP code</b> DR. WILLIAM HARTLEY 2415 MCCALLIE AVE CHATTANOOGA, TN 37404 -	<b>Name of contributor's employer</b> CENTER FOR SPORTS MEDICINE <b>Contributor's occupation</b> ORTHOPEDIC SURGEON <b>Aggregate contributions year-to-date</b> \$ 1000	<b>Amount of contribution</b> \$ 1000 <b>Date of contribution</b> 03/19/2013
<b>Contributor's name, mailing address and ZIP code</b> DR. SCOTT HODGES 2415 MCCALLIE AVE CHATTANOOGA, TN 37404 -	<b>Name of contributor's employer</b> CENTER FOR SPORTS MEDICINE <b>Contributor's occupation</b> ORTHOPEDIC SURGEON <b>Aggregate contributions year-to-date</b> \$ 10000	<b>Amount of contribution</b> \$ 10000 <b>Date of contribution</b> 04/01/2013

**Contributor's name, mailing address and ZIP code**

DR. JASON ECK  
119 BELMONT STREET  
WORCHESTER, MA 01605 -

**Name of contributor's employer**

N/A

**Contributor's occupation**

ORTHOPEDIC SURGEON

**Aggregate contributions year-to-date**

\$ 2000

**Amount of contribution**

\$ 2000

**Date of contribution**

03/19/2013

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**Schedule B Itemized Expenditures**

Schedule B

**Recipient's name, mailing address and ZIP code**FARRAR AND BATES LLP  
211 7TH AVE NORTH  
NASHVILLE, TN 37219 -**Name of recipient's employer**

N/A

**Recipients's occupation**

N/A

**Amount of Expenditure**

\$ 12500

**Date of expenditure**

05/22/2013

**Purpose of expenditure**

CONTRACTUAL AGREEMENT

**Recipient's name, mailing address and ZIP code**ROBIN SMITH  
5928 HIXSON PIKE  
HIXSON, TN 37343 -**Name of recipient's employer**

SELF-EMPLOYED

**Recipients's occupation**

SELF-EMPLOYED

**Amount of Expenditure**

\$ 11200

**Date of expenditure**

04/23/2013

**Purpose of expenditure**

CONTRACTUAL AGREEMENT

**Recipient's name, mailing address and ZIP code**WILKINS, CREWS & ASSOCIATES  
430 CHESTNUT ST  
CHATTANOOGA, TN 37402 -**Name of recipient's employer**

N/A

**Recipients's occupation**

N/A

**Amount of Expenditure**

\$ 2998

**Date of expenditure**

06/25/2013

**Purpose of expenditure**

ACCOUNTING SERVICES